2. NAME OF OFFICIAL AND TITLE/POSITION

615 253 8704 P 2/5

mailed 4-16-07

RECEIVED

1. DATE OF DISCLOSURE

STATEMENT OF DISCLOSURE OF INTERESTS

2007 APR 16 PM 3: GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF/CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

<u>3-28-07</u>	John G. Morgo	an / Comptes	ller of the Treasu
3. ADDRESS Street or Rural Route	City	State	Zip Code
4006 Clovercroft Rd.	Franklin	TN	37067
3a. PHONE NUMBER 141-2501		, , , , , , , , , , , , , , , , , , ,	
a. List major source(s) of private incoff this provision, income shall be reported for income" include, but are not limited to, office be stated; however, you must list the name received from a security listed on the New Your necessary of the ownershall. For income derived from the ownershantsprise in lieu of any investment brokeration your or your spouse's behalf. For income and in lieu of the business enterprise securitient list or customer list, or to list the address out the back.	or the calendar year in which is, directorships and salaried and address of each source of ork Stock Exchange, Americaderal or state chartered bank. hip of a business enterprise's ge firm or other fiduciary that is derived from a mutual fund, ities owned by the mutual fund.	it is received. "Majo employment. No do of income, except fo an Stock Exchange. You may list only the securities, you may may possess or may you may list the nar d. You are not requ	or sources of private ollar amounts need to or sources of income or NASDAQ or from the name of the name of the nage the securities me of the disclose any
	1006 Clavercroft Rd,	Franklin, TN	31067
	-		

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POSITIONS HELD: List any position hartner, proprietor, or representative of a ganization or educational institution. Bosition was held. Positions with the fedence solely of an honorary nature, do no	ny corporation, firm, partnership, oth the month and year must be r eral government, religious, social,	business enterprise, non-profit eported for the period of time the
ame of Organization activenal's Thotos and Frances	Position Held	Date Held
1250n Foundation	Divector (socise)	12/05 and continuing
vivtue of office the Coup	hall of all the	
·	counissions as provid	
name and address of the Trustee. No in	inividual asset Held III SUCH S DIII	u trust need be disclosed.
or other business organization in excessivation. The name of the corporation or	s of ten thousand dollars (\$10,00 organization must be listed but n	ren residing with you in any corporation 0) or five percent (5%) of the total of dollar amounts or percentages of the
ivestment need be stated. View Instruc	otions JYSE: UST)	amount of polocinages of the
ivestment need be stated. View Instruc		- That dilicant of percentages of the
ited States Tobacco (N		The distribution of percentages of the
nvestment need be stated. View Instruction	NYSE: UST) 2N 2nd 457 Plan yount and source (by name) of an	V contribution from orivate course(s)
ivestment need be stated. View Instructived States Tobacco (Acade of Temperative 401k)	NSE: UST) 2N > 457 Plan nount and source (by name) of an to the adequate performance of	y contribution from private source(s) your legislative duties.

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10. (<u>)</u> -	PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse. View Instructions
- 11. <u>N</u>	RETAINER FEES: List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof.
12. 12.	BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
13. V	LOANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans nee not be disclosed on this report if they are: (1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule; (3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule; (4) From a partnership in which you have at least ten percent (10%) partnership interest; (5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).
14.	NO CHANGES IN ITEMS 7-13 (Check if applicable):
	There has been no change in the conditions listed in Items 7 - 13 since my previous report to the Tennessee Ethics Commission.

15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the inform accurate report as required by	nation contained in this disclosure the Conflict of Interest Disclosure	e statement is true and that Act.	t it is a complete ar
John G. M	ouga-	4-16-07	
Signature of Official		Date	п

I, the undersigned, do hereby witness the above signature which was signed in my presence.

Cackie E Ductor	4-16-07
Signature of Witness	Date
Jackie E Guston	
Name of Witness (Printed)	